

**HELICOPTER LANDING AUTHORIZATION - APPLICATION**

DOA-0204 (Rev. 5/97)

This application must be received by the Division of Aeronautics ***at least two weeks prior to date of landing.***

PLEASE PRINT OR TYPE AND COMPLETE ALL ITEMS

**PART I. HELICOPTER OPERATOR INFORMATION**

NAME

BUSINESS ADDRESS

BUSINESS TELEPHONE NUMBER

FAX NUMBER

MAKE, MODEL AND NUMBER OF HELICOPTERS TO BE USED

NUMBER OF LANDINGS

DATE OF LANDINGS

ALTERNATIVE DATE(S)

PRINT NAME

SIGNATURE

**PART II. LANDING SITE INFORMATION**  
COMPLETE SECTION A OR B AS APPROPRIATE

A. IF ON SCHOOL PROPERTY, NAME OF SCHOOL

ADDRESS

BUSINESS TELEPHONE NUMBER

FAX NUMBER

I am aware of and do not object to the proposed helicopter landing at the site and on the date described in PART I. I also waive the right to demand a public hearing in accordance with Public Utilities Code Section 21662.5.

SCHOOL OFFICIAL'S NAME

TITLE

SIGNATURE

B. IF NOT ON SCHOOL PROPERTY, PROPERTY OWNER'S NAME

ADDRESS OF LANDING SITE

BUSINESS ADDRESS

BUSINESS TELEPHONE NUMBER

FAX NUMBER

I give permission for the  
helicopter listed in Part I of this  
form to conduct the landing.

PRINT NAME

SIGNATURE

**PART III. PERMISSION FROM OTHER SCHOOLS WITHIN 1,000 FEET**  
COMPLETE BELOW OR PROVIDE SEPARATE LETTER(S) OF NO OBJECTION

I am aware of and do not object to the proposed helicopter landing at the site and on the date described in PART I. I also waive the right to demand a public hearing in accordance with Public Utilities Code Section 21662.5.

NAME OF SCHOOL

ADDRESS

BUSINESS TELEPHONE NUMBER

FAX NUMBER

SCHOOL OFFICIAL'S NAME

TITLE

SIGNATURE

NAME OF SCHOOL

ADDRESS

BUSINESS TELEPHONE NUMBER

FAX NUMBER

SCHOOL OFFICIAL'S NAME

TITLE

SIGNATURE

Send complete application to address below or FAX to (916) 653-9531.

**CALIFORNIA DEPARTMENT OF TRANSPORTATION**  
**DIVISION OF AERONAUTICS - MS #40**  
**P.O. BOX 942873**  
**SACRAMENTO, 94273-0001**